Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012394	A. BUILDING _____ B. WING _____	C 06/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR GROVE ASSISTED LIVING, LLC	5865 SUGAR LANE PLAINFIELD, IN 46168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for investigation of complaint IN00091681. Complaint : IN00091681: Substantiated, no deficiencies related to the allegation are cited Survey date: June 30, 2011 Facility number: 012394 Provider number: 012394 AIM number: NA Survey team: Vanda Phelps, RN Census bed type: Residential 56 Total: 56 Census payor type: Other: 56 Total: 56 Sample: 3 Sugar Grove Assisted Living, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the investigation of complaint IN00091681. Quality review completed 7/4/11 Cathy Emswiller RN	R 000		